

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th day / 70th day
4-28-18 / 5-23-18

PRINTED: 03/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC# 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2018
NAME OF PROVIDER OR SUPPLIER TREVECCA CENTER FOR REHABILITATION AND HEALING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 329 MURFREESBORO RD NASHVILLE, TN 37210		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation #43566 were completed on 3/12/18 to 3/14/18 at Trevecca Center for Rehabilitation and Healing, LLC. No deficiencies were cited related to the complaint investigation. Deficiencies were cited for the recertification survey under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000			
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge	F 725	F725 Staffing patterns and job responsibilities for 5th floor CNAs were reviewed. In review of staffing there were 2 LPNs and 4 CNAs on the 7pm-11pm shift which is a 9.33:1 ratio. Reviewed the tech care plans; Residents were interviewed to determine the time they prefer to be assisted to bed to ensure time management and availability of staff during this time. All times have been added to the tech care plan and assignment sheet. (See attached example - Attachment #1) In-services began on this change 03/20/18 thru 03/31/18. (see attached in-service - Attachment #2) Reviewed CNAs' process on shower time management and call light coverage; revised the process which now includes that each CNA will notify the charge nurse when a shower is being given. The in-service also includes each CNA assisting each other with call lights. In-services began on 03/20/18 thru 03/31/18. (See attached in-service - Attachment #3) Continue on page 2	4-10-2018	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Samula S Bishop

Admunist Jaton

3-28-18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 725	<p>Continued From page 1</p> <p>nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on review of the facility staffing schedules and interview, the facility failed to provide sufficient staffing to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident on 3/11/18 for 1 floor (5th) of 4 floors reviewed.</p> <p>Findings include:</p> <p>Record review of the facility staffing for 3/11/18 revealed 4 Certified Nurse Aides (CNAs) were scheduled for the 7:00 PM to 11:00 PM shift with 56 residents on the 5th floor.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated 1/9/18 revealed Resident #63 had a Brief Interview for Mental Status (BIMS) score of 15/15, (cognitively intact), and required total 1 person assistance for toileting.</p> <p>Interview with Resident #63 on 3/12/18 at 8:29 AM in the resident's room on the fifth floor revealed "...they are not answering the call light...takes 40-45 minutes to answer and I can't hold it and wet myself..."</p> <p>Medical record review of the Quarterly MDS dated 1/4/18 revealed Resident #54 had a BIMS score of 13/15, (cognitively intact), and required 2 person assistance for bed mobility and transfers.</p> <p>Interview with Resident #54 on 3/13/18 between 2:10 PM and 2:50 PM during the Resident Council interviews in the Cafe revealed "...this pass weekend I had to wait to be put in bed...I usually go to bed between 8:00 PM - 9:00 PM but</p>	F 725	<p>Continued from page 1</p> <p>Follow up staff interviews are being conducted to ensure the above changes will assist in making their routine and assignment more consistent and manageable. At time of POC submission, interviews reveal 11 of 11 5th floor staff members answered "yes" to the systematic changes assisting in making their routine and assignment more consistent and manageable. Interviews began on 03/21/18 thru 03/31/18. (See attached Questionnaire with summary results - Attachment #4)</p> <p>A resident council meeting was conducted 03/23/18 to assist in identifying other residents that may be affected and ensure the residents are in agreement with the systematic changes in ensuring sufficient nursing staff are available for their care. (See attached Council minutes - Attachment #5)</p> <p>The Director of Nursing and the Nurse Management Team will conduct unannounced individual resident interviews and rounds beginning 03/22/18 to assist in identifying other residents that may be affected and ensure compliance. The interviews will continue weekly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018.</p> <p>Continue on page 3</p>		

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F 725	<p>Continued From page 2</p> <p>I had to wait and was put to bed between 10:00 PM - 11:00 PM..."</p> <p>Medical record review revealed Resident #5 was admitted to the facility on 3/20/15 and readmitted on 2/20/18 with diagnoses including Chronic Obstructive Pulmonary Disease, Rheumatoid Arthritis, Spinal Stenosis, Contracture of unspecified Ankle and Hand, Major Depressive Disorder and Anxiety.</p> <p>Medical record review revealed Resident #5 had a BIMS score of 13 (cognitively intact). The resident needed extensive assist with 1 person for bed mobility, total dependent with 2 persons for transfer.</p> <p>Interview with Resident #5 on 3/12/18 at 2:48 PM in the resident's room revealed "...last night I did not get to bed until 11:00 PM and was told by the tech (CNA) she had many other people that needed same care I did...I normally get to bed 9:00 PM-9:30 PM..."</p> <p>Interview with CNA #3 on 3/14/18 at 6:00 PM on the 5th floor revealed they had 4 CNAs on each shift for the week-end. Further interview revealed if they are giving showers or taking care of other residents then the residents had to wait until they are finished to get care.</p> <p>Interview with CNA #2 on 3/14/18 at 5:45 PM on the 5th floor revealed she worked this past week-end and they had 4 CNAs on the floor for the 7:00 PM -11:00 PM shift. Further interview revealed on 3/11/18 on the 7:00 PM-11:00 PM shift Resident #5 had to wait 45 minutes to be put to bed because CNA #2 and another CNA were assisting 2 other residents at the time and</p>	F 725	<p>Continued from page 2</p> <p>The Director of Nursing will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (See attached sample interview – Attachment #6)</p> <p>The Director of Nursing and Administrator will conduct additional Resident Council Meetings beginning 03/23/18 to ensure compliance. The Council Meetings will continue Semi-Monthly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. The Director of Nursing will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (Attachment #5)</p> <p>The Director of Nursing and the Nurse Management Team will conduct call light studies beginning 03/19/18 to ensure compliance. The studies will continue weekly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. The Director of Nursing will continue reporting for two additional months.</p> <p>Continue on page 4</p>		

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F 725	Continued From page 3 couldn't put her to bed as she requested. Continued interview confirmed Resident #5 had to wait 45 minutes to be put to bed and the facility failed to provide adequate staffing to meet the needs of the resident.	F 725	Continued from page 3 After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (See attached call light study form – Attachment #7)	4/10/18	
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation and interview, the facility failed to maintain a clean environment for 1 of 5 observed fans on the 5th floor. Findings include: Review of the facility policy "Infection Control Standard Precautions" effective date 11/1/07 revealed "...Environmental Control...Ensure that environmental...equipment and other frequently touched surfaces are appropriately cleaned..." Observation on 3/12/18 at 3:12 PM in the room of Resident # 5 revealed a table top fan on the bed side table in operation and directed at the resident seated in power wheelchair. Further observation revealed the fan grate had a heavy accumulation of hanging debris. Interview with Assistant Director of Nursing #2 on 3/12/18 at 3:19 PM in Resident #5's room confirmed the fan "was dirty" and was directed toward the resident.	F 921	F921 The fan was immediately removed from the patient's room. Reviewed cleaning schedules for The fan was immediately removed from the patient's room. Reviewed cleaning schedules for Housekeeping. Schedules have been updated to now include thoroughly inspecting and cleaning fans as needed each week (See attached cleaning schedule – attachment # 8) In-Services began 03/19/18 thru 03/22/18. (See attached In-Service – Attachment #9) The Housekeeping Manager and/or Administrator will monitor fans for 2 weeks beginning 03/26/18 to ensure compliance. The Housekeeping Manager will report to the QAPI Committee monthly beginning with the next scheduled meeting April 10, 2018. The Housekeeping Manager will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. Compliance 4/10/18		

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March 28, 2018

Donna Smith, PHRRPM
Regional Administrator
MTRO Health Care Facilities
665 Mainstream Drive 2nd Floor
Nashville, TN 37243

Ms. Smith,

Please find plan of correction for Health and Life Safety Survey conducted March 12-14. Please feel free to contact me if you have any questions.

Respectfully,

Pamela Bishop RNC, LNHA
Administrator
Trevecca Center for Health and Rehabilitation
615-808-1122

TECH ASSIGNMENT SHEET

View entire Restraint/Restraint Alternative and Supportive Device Orders in ECS if needed

Name	Room	Transfer/Precaution/Restrict.	PT OT	Restraints/Supp-Pos./SR	Bathing/Protection/Other	Changes x 7 days
		<p>RESIDENT TRANSFER</p> <p>INSTRUCTIONS: Requires one to two aide assist for transfers, Stand up lift w/verbal cues to stand on L LE</p> <p>SPECIAL INSTRUCTIONS FOR BATHING: Use personal soap/body wash for bathing</p> <p>SPECIAL INSTRUCTIONS FOR BATHING: no preference for duration</p>		<p>SIDERAILS: Left and Right 1/4 Rail at HOB</p> <p>RESTRAINT ALTERNATIVE: (B) rear anti tippers on wheelchair</p> <p>SUPPORTIVE/POSITIONING DEVICE: when in wheelchair</p>	<p>Nursing to encourage elevation of heels on pillows while in bed</p> <p>Dycem in: Wheelchair</p> <p>SPECIAL INSTRUCTIONS FOR BATHING: Use personal soap/body wash for bathing</p> <p>SPECIAL INSTRUCTIONS FOR BATHING: no preference for duration</p> <p>Shower: M, W, F 11-7 M, W, F 11-7</p> <p>Bed Bath: T, TH, S 11-7 T, TH, S 11-7</p>	<p>SPECIAL REQUESTS: early a.m. get up! bed 7:30 pm-8:00 pm, may wear briefs in the bed</p>

Attachment #1

TECH CARE PLAN

Attachment #1

NAME:

ROOM:

RESTRAINTS/SUPPORTIVE DEVICE: (View entire order in EGS)

RESTRAINT ALTERNATIVE: (B) rear anti tippers on wheelchair

SUPPORTIVE/POSITIONING DEVICE: when in wheelchair

LAUNDRY:

Facility

OXYGEN REQUIREMENTS: (Will only print if ordered)

TRANSFERS/MOBILITY:

RESIDENT TRANSFER
INSTRUCTIONS:

Requires one to two aide assist for transfers, Stand up lift w/verbal cues to stand on L LE

AMBULATION:

Nonambulatory

MOBILITY:

Wheelchair Footrest used for safety
Footrest used for transportation

SPECIAL INSTRUCTIONS:

See picture/diagram for placement of stump shrinker

BATHING PREFERENCE:

Shower: M, W, F 11-7

Bed Bath: T, TH, S 11-7

BATHING SPECIAL INSTRUCTIONS:

Use personal soap/body wash for bathing

no preference for duration

PREFERENCE OF MEAL LOCATION/TIMES:

B Dinning Room / 7:05am

L Dinning Room / 11:30am

S Dinning Room / 5:10pm

DIET/SUPPLEMENTS/FLUID RESTRICTION:

DIET: - NCS Double eggs @ brkfst VEG x 2 @ L & D

PREVENTATIVE/PROTECTION:

Encourage use of: ROHO Cushion when oob in w/c

Monitor, Turn and Reposition q 2 hours for pressure reduction.

Nursing to encourage elevation of heels on pillows while in bed

Oxygen in: Wheelchair

SWALLOWING RECOMMENDATIONS:

COMMUNICATION RECOMMENDATIONS:

FOOD ALLERGIES:

ELIMINATION:

TOILETING SCHEDULE: PROMPTED TOILETING

VISION/HEARING/DENTAL:

Vision: VISION: Vision adequate prior to admission Wears glasses

Hearing: HEARING: No problems hearing

Teeth: TEETH: Upper dentures Lower dentures both

SPECIAL REQUESTS:

early a.m. get up, bed 7:30 pm-8:00 pm, may wear briefs in the bed

bingo, religious activities, community outings, evening activities, exercise, and entertainment

TARGETED BEHAVIORS/REDIRECTION TECH:

Attachment #2

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

Type of Meeting: Inservice Department: Stephanie King Committee: _____ Other: _____
 Presented By: Kristal Hollins Date: 8/20/18 Time: _____
 Method of Presentation: Lecture Demonstration _____ Film _____ Handout _____

Subject(s) Covered:
Care Plans are posted inside the resident's closets.
Bed Preferred Bed times are now provided under
the special request box on the care plan. As well
as toileting schedules, get up times, shower schedules.
Staff should plan care according to Care Plans
to ensure excellent care is provided. When a resident
request to be put to bed that request should be met in a timely
 Participant's Reaction: None

Summary and Conclusion:

Attendance Record

YOU MUST PRINT YOUR FIRST AND LAST NAME FOR CREDIT OF INSERVICE:

PRINTED First and Last Name	SIGNED First and Last Name	Title	Shift
Meagan Sparks	<i>[Signature]</i>	CNT	7-3
Adrian Gordon	<i>[Signature]</i>	CNT	7-3
Ginerva Humphries	<i>[Signature]</i>	CNT	7-3
Chantel Williams	<i>[Signature]</i>	CNT	7-3
Ashley Heatherly	<i>[Signature]</i>	CNT	7-3
Jennifer Lillard	<i>[Signature]</i>	CNT	7-3
Carol Windemakers	<i>[Signature]</i>	CNT	7-3
Kiera Collins	<i>[Signature]</i>	CNT	7-3
Kourtney Watson	<i>[Signature]</i>	CNT	7-3
Marcus Cook	<i>[Signature]</i>	CNA	7a-3p
Janie Roberson	<i>[Signature]</i>	LPN	7a-3p
Murkessa Henderson	<i>[Signature]</i>	RN	7a-3p
Christy Ransom	<i>[Signature]</i>	CNT	7p-7a
Alexis Mezumary	<i>[Signature]</i>	CNA	7p-7a
MARIE Lutchman	<i>[Signature]</i>	CNA	11p-7a
Kinesia Stewart	<i>[Signature]</i>	CNT	7a-4
Damon Johnson	<i>[Signature]</i>	LPN	7a-7p
Ryan Turner	<i>[Signature]</i>	CNT	7-3p
Maribel, Ester	<i>[Signature]</i>	CNT	8-3
Kristal Hollins	<i>[Signature]</i>	CNT	8-3

Attachment #3

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

Type of Meeting: Inservice Department Stephanie King Committee _____ Other: _____
 Presented By: Krystal Hollins Date: 3/20/18 Time: _____
 Method of Presentation: Lecture Demonstration _____ Film _____ Handout _____

Subject(s) Covered:

Techs who are providing Shower Care must inform nurses and the techs who are not providing shower care at the time so they can answer call lights & meet the needs of residents. All staff will need to communicate & work as a team to ensure all lights are answered and needs are met to provide excellent care to our residents.

Participant's Reaction:

Summary and Conclusion:

Attendance Record

YOU MUST PRINT YOUR FIRST AND LAST NAME FOR CREDIT OF INSERVICE:

PRINTED First and Last Name	SIGNED First and Last Name	Title	Shift
Meagan Jones	<i>[Signature]</i>	CNT	7-3
Lorena Gordon	<i>[Signature]</i>	CNT	7-3
Chantal Nwemegwa	<i>[Signature]</i>	CNT	7-3
Ashley Heatherly	<i>[Signature]</i>	CNT	7-3
Jennifer Lillard	<i>[Signature]</i>	CNT	7-3
Carol Winder	<i>[Signature]</i>	CNT	7-3
Kara Collins	<i>[Signature]</i>	CNT	7-3
Kristen Walker	<i>[Signature]</i>	CNT	7-3
Dana Bazz	<i>[Signature]</i>	CNT	7-3
Wanda Brown	<i>[Signature]</i>	CNT	7-3
Alex Storer	<i>[Signature]</i>	CNT	7-3
Myrtice Sturtevant	<i>[Signature]</i>	CNT	7-3
Christy Ransom	<i>[Signature]</i>	CNT	7-3
Alexis Meemurg	<i>[Signature]</i>	CNT	7-3
MARIE Lutzman	<i>[Signature]</i>	CNT	7-3
Kinesia Stewart	<i>[Signature]</i>	CNT	7-3
Ramona Johnson	<i>[Signature]</i>	CNT	7-3
Timeka Humphries	<i>[Signature]</i>	CNT	7-3
Esther Marshall	<i>[Signature]</i>	CNT	7-3
Ryan Twence	<i>[Signature]</i>	CNT	7-3
Krystal Hollins	<i>[Signature]</i>	CNT	7-3

Attachment # 4

Name: _____

Date: _____

Sufficient Staffing Ratio Questionnaire

- 1) Do you feel that adding residents' preference for bed time to the Tech Care Plan will assist in making your routine and assignment more consistent and manageable? (Times have been added based on every resident's preference with a 30 minute window either side).

☒ Yes

____ No, if No please explain _____

- 2) After the in-service on receiving shower time/call light assistance from the charge nurse and fellow CNAs do you feel this will assist in making your routine and assignment more manageable?

☒ Yes

____ No, if No please explain _____

Resident Council Call Bell Improvement Group Minutes

Residents in Attendance:

Sneed L, Herring P, Thomas MThis meeting is facilitated by: Harris L, (Admin), King S, (DON)The minutes are recorded by: Carle M (Act Dir)Changes to how callbells are answered were implemented 3/19/18

How have call bells been in the past month? (week since changes)

Sneed - "It has been a little better, there have been more people answering light, techs are really busy when they have more than 12-14 residents to care for"

Have you been getting to bed during your preferred time? (past week since changes)

Thomas - "Last night was good, I ask to go to bed between 7-9, last night 3 people put me to bed by 7"
Herring - "There are still improvement to make, I like to go to bed between 8-9, Wednesday night it was 9."

Any other questions/comments/concerns regarding call bells?

Herring - "Still seems a little more difficult to get call lights answered during shift change"Sneed - "Sophia is a wonderful tech, always goes above & beyond"Thomas - "Katie is also a great tech, I love having her"

Attachment #6

Resident: _____

Date: _____

Resident Satisfaction Survey

POC 2018

1) Do you think that call light response times have improved?

_____ Yes _____ No, If No, please explain _____

2) Have you been assisted to bed at the time you prefer?

_____ Yes _____ No, If No, please explain _____

Attachment #7

CALL LIGHT STUDY AUDIT

QAPI/POC 2018

DATE	UNIT	TIME	CALL LIGHT ON	CALL LIGHT OFF	RESIDENT SATISFACTION
3.19.18	2nd Floor	0700 AM	0712 AM	0716 AM	Ⓢ / needs met.
3.19.18	3rd Floor	0745 AM	0755	0803	Ⓢ / satisfied.
3.19.18	4th Floor	12:21 pm	12:27 pm	12:32 pm	Ⓢ / needs met.
3.19.18	5th Floor	1:15 pm	1:23 pm	1:27 pm	Satisfied.
3.19.18	2nd Floor	3:02 pm	3:08 pm	3:13 pm	needs met.
3.19.18	3rd Floor	3:47 pm	3:53 pm	3:59 pm	Satisfied / needs met.
3.19.18	4th Floor	4:13 pm	4:27 pm	4:34 pm	Ⓢ needs met.
3.19.18	5th Floor	5:10 pm	5:21 pm	5:28 pm	Satisfied / needs met.
3.19.18	2nd Floor	8:20 pm	8:21 pm	8:26 pm	Ⓢ / needs met.
3.19.18	3rd Floor	9:00 pm	9:04 pm	9:11 pm	Ⓢ needs met.
3.19.18	4th Floor	940 pm	9:48 pm	9:52 pm	Ⓢ needs met.
3.19.18	5th Floor	10:00 pm	10:13 pm	10:19 pm	Ⓢ needs met.
3.20.18	2nd Floor	5:45 AM	5:49 AM	5:54 AM	Ⓢ needs met.
3.20.18	3rd Floor	6:00 AM	6:03 AM	6:08 AM	Ⓢ / satisfied.
3.20.18	4th Floor	6:15 AM	6:17 AM	6:23 AM	Ⓢ / needs met.
3.20.18	5th Floor	6:30 AM	6:34 AM	6:40 AM	Satisfied
3.20.18	2nd Floor	2:55 pm	3:07 pm	3:13 pm	needs met.
3.20.18	3rd Floor	4:00 pm	4:11 pm	4:16 pm	Satisfied
3.20.18	4th Floor	4:23 pm	4:37 pm	4:44 pm	needs met.
3.20.18	5th Floor	5:10 pm	5:17 pm	5:26 pm	needs met / satisfied.
3.20.18	2nd Floor	6:53 pm	7:03 pm	7:09 pm	needs met.
3.20.18	3rd Floor	8:15 pm	8:18 pm	8:23 pm	Satisfied
3.20.18	4th Floor	8:45 pm	8:53 pm	8:59 pm	needs met.
3.20.18	5th Floor	9:19 pm	9:17 pm	9:23 pm	Satisfied / needs met.
3.21.18	2nd Floor	12 AM	12:10 AM	12:17 AM	needs met.
3.21.18	3rd Floor	1:14 AM	1:22 AM	1:26 AM	needs met.
3.21.18	4th Floor	1:40 AM	1:49 AM	1:56 AM	Satisfied.
3.21.18	5th Floor	2:30 AM	2:47 AM	2:51 AM	Satisfied / needs met.
3.21.18	2nd Floor	10:15 AM	10:21 AM	10:23 AM	Ⓢ needs met.

CALL LIGHT STUDY AUDIT

QAPI/POC 2018

[illegible]

* to be completed
taught

[illegible]

Attachment #8

Fan Cleaning Schedule

Date	Rooms	Fan - Yes/No?	Cleaned
3/19/2018	1A		
	1B		
	2A		
	2B		
	3A		
	3B		
	4A		
	4B		
	5A		
	5B		
	6A		
	6B		
	7A		
	7B		
3/20/2018	8A		
	8B		
	9A		
	9B		
	10A		
	10B		
	11A		
	11B		
	12A		
	12B		
	13A		
	13B		
	14A		
	14B		
3/21/2018	15A		
	15B		

Date	Rooms	Fan - Yes/No?	Cleaned
	16A		
	16B		
	17A		
	17B		
	18		
	19A		
	19B		
3/22/2018	20		
	21A		
	21B		
	22		
	23A		
	23B		
	24		
	25A		
	25B		
	26A		
	26B		
3/23/2018	27A		
	27B		
	28A		
	28B		
	29A		
	29B		
	30A		
	30B		
	31A		
	31B		
	32A		
	32B		

Attachment #9

WEEKLY FAN CLEANING

All floors will do weekly fan cleaning until all fans have been cleaned and meet requirements for cleaning. Any new fans that are brought into the facility with New Admissions will be cleaned upon admission. All staff will be In-serviced on proper cleaning of fans. Any fans that need to be taken apart will be taken to maintenance and then clean with the air tank. All fans will then be placed on a monthly Fan Cleaning Schedule.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th day / 70th
4-28-18 / 5-23-18

PRINTED: 03/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC# 1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2018
NAME OF PROVIDER OR SUPPLIER TREVCCA CENTER FOR REHABILITATION AND HEALING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 329 MURFREESBORO RD NASHVILLE, TN 37210		
(X4) ID PREFIX TAG F 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 725 SS=D	<p>INITIAL COMMENTS</p> <p>A recertification survey and complaint investigation #43566 were completed on 3/12/18 to 3/14/18 at Trevecca Center for Rehabilitation and Healing, LLC. No deficiencies were cited related to the complaint investigation. Deficiencies were cited for the recertification survey under 42 CFR PART 483, Requirements for Long Term Care Facilities.</p> <p>Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge</p>	F 725	<p>F725</p> <p>Staffing patterns and job responsibilities for 5th floor CNAs were reviewed. In review of staffing there were 2 LPNs and 4 CNAs on the 7pm-11pm shift which is a 9.33:1 ratio.</p> <p>Reviewed the tech care plans; Residents were interviewed to determine the time they prefer to be assisted to bed to ensure time management and availability of staff during this time. All times have been added to the tech care plan and assignment sheet. (See attached example – Attachment #1) In-services began on this change 03/20/18 thru 03/31/18. (see attached in-service – Attachment #2)</p> <p>Reviewed CNAs' process on shower time management and call light coverage; revised the process which now includes that each CNA will notify the charge nurse when a shower is being given. The in-service also includes each CNA assisting each other with call lights. In-services began on 03/20/18 thru 03/31/18. (See attached in-service – Attachment #3)</p> <p>Continue on page 2</p>	4-10-2018	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Samuela S Bishop			TITLE Administrator		(X6) DATE 3-28-18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 725	<p>Continued From page 1</p> <p>nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on review of the facility staffing schedules and interview, the facility failed to provide sufficient staffing to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident on 3/11/18 for 1 floor (5th) of 4 floors reviewed.</p> <p>Findings include:</p> <p>Record review of the facility staffing for 3/11/18 revealed 4 Certified Nurse Aides (CNAs) were scheduled for the 7:00 PM to 11:00 PM shift with 56 residents on the 5th floor.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated 1/9/18 revealed Resident #63 had a Brief Interview for Mental Status (BIMS) score of 15/15, (cognitively intact), and required total 1 person assistance for toileting.</p> <p>Interview with Resident #63 on 3/12/18 at 8:29 AM in the resident's room on the fifth floor revealed "...they are not answering the call light...takes 40-45 minutes to answer and I can't hold it and wet myself..."</p> <p>Medical record review of the Quarterly MDS dated 1/4/18 revealed Resident #54 had a BIMS score of 13/15, (cognitively intact), and required 2 person assistance for bed mobility and transfers.</p> <p>Interview with Resident #54 on 3/13/18 between 2:10 PM and 2:50 PM during the Resident Council interviews in the Cafe revealed "...this pass weekend I had to wait to be put in bed...I usually go to bed between 8:00 PM - 9:00 PM but</p>	F 725	<p>Continued from page 1</p> <p>Follow up staff interviews are being conducted to ensure the above changes will assist in making their routine and assignment more consistent and manageable. At time of POC submission, interviews reveal 11 of 11 5th floor staff members answered "yes" to the systematic changes assisting in making their routine and assignment more consistent and manageable. Interviews began on 03/21/18 thru 03/31/18. (See attached Questionnaire with summary results - Attachment #4)</p> <p>A resident council meeting was conducted 03/23/18 to assist in identifying other residents that may be affected and ensure the residents are in agreement with the systematic changes in ensuring sufficient nursing staff are available for their care. (See attached Council minutes - Attachment #5)</p> <p>The Director of Nursing and the Nurse Management Team will conduct unannounced individual resident interviews and rounds beginning 03/22/18 to assist in identifying other residents that may be affected and ensure compliance. The interviews will continue weekly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018.</p> <p>Continue on page 3</p>		

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F 725	<p>Continued From page 2</p> <p>I had to wait and was put to bed between 10:00 PM - 11:00 PM..."</p> <p>Medical record review revealed Resident #5 was admitted to the facility on 3/20/15 and readmitted on 2/20/18 with diagnoses including Chronic Obstructive Pulmonary Disease, Rheumatoid Arthritis, Spinal Stenosis, Contracture of unspecified Ankle and Hand, Major Depressive Disorder and Anxiety.</p> <p>Medical record review revealed Resident #5 had a BIMS score of 13 (cognitively intact). The resident needed extensive assist with 1 person for bed mobility, total dependent with 2 persons for transfer.</p> <p>Interview with Resident #5 on 3/12/18 at 2:48 PM in the resident's room revealed "...last night I did not get to bed until 11:00 PM and was told by the tech (CNA) she had many other people that needed same care I did...I normally get to bed 9:00 PM-9:30 PM..."</p> <p>Interview with CNA #3 on 3/14/18 at 6:00 PM on the 5th floor revealed they had 4 CNAs on each shift for the week-end. Further interview revealed if they are giving showers or taking care of other residents then the residents had to wait until they are finished to get care.</p> <p>Interview with CNA #2 on 3/14/18 at 5:45 PM on the 5th floor revealed she worked this past week-end and they had 4 CNAs on the floor for the 7:00 PM -11:00 PM shift. Further interview revealed on 3/11/18 on the 7:00 PM-11:00 PM shift Resident #5 had to wait 45 minutes to be put to bed because CNA #2 and another CNA were assisting 2 other residents at the time and</p>	F 725	<p>Continued from page 2</p> <p>The Director of Nursing will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (See attached sample interview – Attachment #6)</p> <p>The Director of Nursing and Administrator will conduct additional Resident Council Meetings beginning 03/23/18 to ensure compliance. The Council Meetings will continue Semi-Monthly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. The Director of Nursing will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (Attachment #5)</p> <p>The Director of Nursing and the Nurse Management Team will conduct call light studies beginning 03/19/18 to ensure compliance. The studies will continue weekly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. The Director of Nursing will continue reporting for two additional months.</p> <p>Continue on page 4</p>		

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F 725	Continued From page 3 couldn't put her to bed as she requested. Continued interview confirmed Resident #5 had to wait 45 minutes to be put to bed and the facility failed to provide adequate staffing to meet the needs of the resident.	F 725	Continued from page 3 After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (See attached call light study form – Attachment #7)	4/10/18	
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation and interview, the facility failed to maintain a clean environment for 1 of 5 observed fans on the 5th floor. Findings include: Review of the facility policy "Infection Control Standard Precautions" effective date 11/1/07 revealed "...Environmental Control...Ensure that environmental..equipment and other frequently touched surfaces are appropriately cleaned..." Observation on 3/12/18 at 3:12 PM in the room of Resident # 5 revealed a table top fan on the bed side table in operation and directed at the resident seated in power wheelchair. Further observation revealed the fan grate had a heavy accumulation of hanging debris. Interview with Assistant Director of Nursing #2 on 3/12/18 at 3:19 PM in Resident #5's room confirmed the fan "was dirty" and was directed toward the resident.	F 921	F921 The fan was immediately removed from the patient's room. Reviewed cleaning schedules for The fan was immediately removed from the patient's room. Reviewed cleaning schedules for Housekeeping. Schedules have been updated to now include thoroughly inspecting and cleaning fans as needed each week (See attached cleaning schedule – attachment # 8) In-Services began 03/19/18 thru 03/22/18. (See attached In-Service – Attachment #9) The Housekeeping Manager and/or Administrator will monitor fans for 2 weeks beginning 03/26/18 to ensure compliance. The Housekeeping Manager will report to the QAPI Committee monthly beginning with the next scheduled meeting April 10, 2018. The Housekeeping Manager will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. Compliance 4/10/18		

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TECH CARE PLAN

Attachment #1

NAME: [REDACTED]

ROOM: [REDACTED]

RESTRAINTS/SUPPORTIVE DEVICE: (View entire order in ECS)

RESTRAINT ALTERNATIVE: (B) rear anti tippers on wheelchair
SUPPORTIVE/POSITIONING DEVICE: when in wheelchair

TRANSFERS/MOBILITY:

RESIDENT TRANSFER
INSTRUCTIONS:

Requires one to two aide assist for transfers, Stand up lift w/verbal cues to stand on L LE

AMBULATION:
MOBILITY:

Nonambulatory
Wheelchair Footrest used for safety
Footrest used for transportation

SPECIAL INSTRUCTIONS:

See picture/diagram for placement of stump shrinker

LAUNDRY:

Facility

OXYGEN REQUIREMENTS:

 (Will only print if ordered)

BATHING PREFERENCE:

Shower: M, W, F 11-7

Bed Bath: T, TH, S 11-7

BATHING SPECIAL INSTRUCTIONS:

Use personal soap/body wash for bathing
no preference for duration

PREFERENCE OF MEAL LOCATION/TIMES:

B Dinning Room / 7:05am

L Dinning Room / 11:30am

S Dinning Room / 5:10pm

DIET/SUPPLEMENTS/FLUID RESTRICTION:

DIET: - NCS Double eggs @ brkfst VEG x 2 @ L & D

PREVENTATIVE/PROTECTION:

Encourage use of: ROHO Cushion when oob in w/c
Monitor, Turn and Reposition q 2 hours for pressure reduction.
Nursing to encourage elevation of heels on pillows while in bed
Oycem in: Wheelchair

SWALLOWING RECOMMENDATIONS:

COMMUNICATION RECOMMENDATIONS:

FOOD ALLERGIES:

ELIMINATION:

TOILETING SCHEDULE: PROMPTED TOILETING

VISION/HEARING/DENTAL:

Vision: VISION: Vision adequate prior to admission Wears glasses

Hearing: HEARING: No problems hearing

Teeth: TEETH: Upper dentures Lower dentures both

SPECIAL REQUESTS:

early a.m. get up, bed 7:30 pm-8:00 pm, may wear briefs in the bed

bingo, religious activities, community outings, evening activities,
exercise, and entertainment

TARGETED BEHAVIORS/REDIRECTION TECH:

Attachment #2

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

Type of Meeting: Inservice Department Stephani & King Committee Other:
 Presented By: Kristal Hollins Date: 8/20/18 Time:
 Method of Presentation: Lecture Demonstration Film Handout

Subject(s) Covered:

Care Plans are posted inside the resident's closets.
~~Bed~~ Preferred Bed times are now provided under
 the special request box on the care plan. As well
 as toileting schedules, get up times, shower schedules.
 Staff should plan care according to Care Plans
 to ensure excellent care is provided. When a resident
 request to be put to bed that request should be met in a timely
 manner.

Participant's Reaction: Manner.

Summary and Conclusion:

Attendance Record

YOU MUST PRINT YOUR FIRST AND LAST NAME FOR CREDIT OF INSERVICE:

PRINTED First and Last Name	SIGNED First and Last Name	Title	Shift
Megan Sells	Megan Sells	CNT	7-3
Deanna Gordon	Deanna Gordon	CNT	7-3
Kimberly Humphries	Kimberly Humphries	CNT	7-3
Chantel Thompson	Chantel Thompson	CNT	7-3
Ashley Heatherly	Ashley Heatherly	CNT	7-3
Jennifer Lillard	Jennifer Lillard	CNT	7-3
Carol Windemakers	Carol Windemakers	CNT	7-3
Kiera Collins	Kiera Collins	CNT	7-3
Kourtney Watson	Kourtney Watson	CNT	7-3
Maree Gray	Maree Gray	CNA	7a-3p
Janie Robson	Janie Robson	LPN	7a-3p
Murkese Lawrence	Murkese Lawrence	RN	7a-3p
Christy Ransom	Christy Ransom	CNT	7a-3p
Alexis Mezmury	Alexis Mezmury	CNA	7a-3p
MARIE Lutchman	MARIE Lutchman	CNA	7a-3p
Kinesia Stewart	Kinesia Stewart	CNT	7a-3p
Tramon Johnson	Tramon Johnson	LPN	7a-3p
Ryan Turner	Ryan Turner	CNT	7-3
Monika Ester	Monika Ester	CNT	7-3
Kristal Hollins	Kristal Hollins	CNT	7-3

Attachment #3

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

Type of Meeting: Inservice Department Stephanie King Committee _____ Other: _____
 Presented By: Krystal Hollins Date: 3/20/18 Time: _____
 Method of Presentation: Lecture Demonstration _____ Film _____ Handout _____

Subject(s) Covered:

Techs who are providing Shower Care must inform nurses and the techs who are not providing shower care at the time so they can answer call lights & meet the needs of residents. All staff will need to communicate & work as a team to ensure all lights are answered and needs are met to provide excellent care to our residents.

Participant's Reaction:

Summary and Conclusion:

Attendance Record

YOU MUST PRINT YOUR FIRST AND LAST NAME FOR CREDIT OF INSERVICE.

PRINTED First and Last Name	SIGNED First and Last Name	Title	Shift
Meagan Jones	<i>[Signature]</i>	CNT	7-3
Lorena Gordon	<i>[Signature]</i>	CNT	7-3
Charantal Nwemigwa	<i>[Signature]</i>	CNT	7-3
Ashley Heatherly	<i>[Signature]</i>	CNT	7-3
Jennifer Lillard	<i>[Signature]</i>	CNT	7-3
Carol Winder	<i>[Signature]</i>	CNT	7-3
Kara Collins	<i>[Signature]</i>	CNT	7-3
Kathryn Waters	<i>[Signature]</i>	CNT	7-3
Dante Bazz	<i>[Signature]</i>	CNT	7-3
Wendy S. Brown	<i>[Signature]</i>	CNT	7-3
Alexander	<i>[Signature]</i>	CNT	7-3
Mylenea Stautz	<i>[Signature]</i>	CNT	7-3
Christy Ransom	<i>[Signature]</i>	CNT	7-3
Alexis Meemurg	<i>[Signature]</i>	CNT	7-3
MARIE LUTCHMAN	<i>[Signature]</i>	CNT	7-3
KINESIA STEWART	<i>[Signature]</i>	CNT	7-3
Ramona Johnson	<i>[Signature]</i>	CNT	7-3
Timika Humphries	<i>[Signature]</i>	CNT	7-3
Esther moul	<i>[Signature]</i>	CNT	7-3
Ryan Towner	<i>[Signature]</i>	CNT	7-3
Krystal Hollins	<i>[Signature]</i>	CNT	7-3

Attachment # 4

Name: _____

Date: _____

Sufficient Staffing Ratio Questionnaire

- 1) Do you feel that adding residents' preference for bed time to the Tech Care Plan will assist in making your routine and assignment more consistent and manageable? (Times have been added based on every resident's preference with a 30 minute window either side).

11

Yes

____ No, if No please explain _____

- 2) After the in-service on receiving shower time/call light assistance from the charge nurse and fellow CNAs do you feel this will assist in making your routine and assignment more manageable?

11

Yes

____ No, if No please explain _____

Resident Council Call Bell Improvement Group Minutes

Residents in Attendance:

Sneed L, Herring P, Thomas MThis meeting is facilitated by: Harris L, (Admin) King S, (DON)The minutes are recorded by: Carle M (Act Dir)Changes to how callbells are answered were implemented 3/19/18

How have call bells been in the past month? (week since changes)

Sneed - "It has been a little better, there have been more people answering light, techs are really busy when they have more than 12-14 residents to care for"

Have you been getting to bed during your preferred time? (past week since changes)

Thomas - "Last night was good, I ask to go to bed between 7-9, last night 3 people put me to bed by 7"
Herring - "There are still improvement to make, I like to go to bed between 8-9, Wednesday night it was 9."

Any other questions/comments/concerns regarding call bells?

Herring - "Still seems a little more difficult to get call lights answered during shift change"Sneed - "Sophia is a wonderful tech, always goes above & beyond"Thomas - "Katie is also a great tech, I love having her"

Attachment #6

Resident: _____

Date: _____

Resident Satisfaction Survey

POC 2018

1) Do you think that call light response times have improved?

_____ Yes _____ No, If No, please explain _____

2) Have you been assisted to bed at the time you prefer?

_____ Yes _____ No, If No, please explain _____

Attachment #7

CALL LIGHT STUDY AUDIT

QAPI/POC 2018

DATE	UNIT	TIME	CALL LIGHT ON	CALL LIGHT OFF	RESIDENT SATISFACTION
3.19.18	2nd Floor	0700 AM	0712 AM	0716 AM	Ⓟ / needs met.
3.19.18	3rd Floor	0745 AM	0755	0803	Ⓟ / satisfied.
3.19.18	4th Floor	12:21 PM	12:27 PM	12:32 PM	Ⓟ / needs met.
3.19.18	5th Floor	1:15 PM	1:23 PM	1:27 PM	Satisfied.
3.19.18	2nd Floor	3:02 PM	3:08 PM	3:13 PM	needs met.
3.19.18	3rd Floor	3:47 PM	3:53 PM	3:59 PM	Satisfied / needs met.
3.19.18	4th Floor	4:13 PM	4:27 PM	4:34 PM	Ⓟ needs met.
3.19.18	5th Floor	5:10 PM	5:21 PM	5:28 PM	Satisfied / needs met.
3.19.18	2nd Floor	8:20 PM	8:21 PM	8:26 PM	Ⓟ / needs met.
3.19.18	3rd Floor	9:00 PM	9:04 PM	9:11 PM	Ⓟ needs met.
3.19.18	4th Floor	9:40 PM	9:48 PM	9:52 PM	Ⓟ needs met.
3.19.18	5th Floor	10:00 PM	10:13 PM	10:19 PM	Ⓟ needs met.
3.20.18	2nd Floor	5:45 AM	5:49 AM	5:54 AM	Ⓟ needs met.
3.20.18	3rd Floor	6:00 AM	6:03 AM	6:08 AM	Ⓟ Satisfied.
3.20.18	4th Floor	6:15 AM	6:17 AM	6:23 AM	Ⓟ / needs met.
3.20.18	5th Floor	6:30 AM	6:34 AM	6:40 AM	Satisfied
3.20.18	2nd Floor	2:55 PM	3:07 PM	3:13 PM	needs met
3.20.18	3rd Floor	4:00 PM	4:11 PM	4:16 PM	Satisfied
3.20.18	4th Floor	4:23 PM	4:37 PM	4:44 PM	needs met.
3.20.18	5th Floor	5:10 PM	5:17 PM	5:26 PM	need met / satisfied.
3.20.18	2nd Floor	6:53 PM	7:03 PM	7:09 PM	needs met.
3.20.18	3rd Floor	8:15 PM	8:18 PM	8:23 PM	Satisfied
3.20.18	4th Floor	8:45 PM	8:53 PM	8:59 PM	needs met.
3.20.18	5th Floor	9:19 PM	9:17 PM	9:23 PM	Satisfied / needs met.
3.21.18	2nd Floor	12 AM	12:10 AM	12:17 AM	needs met.
3.21.18	3rd Floor	1:14 AM	1:22 AM	1:26 AM	needs met.
3.21.18	4th Floor	1:40 AM	1:49 AM	1:56 AM	Satisfied.
3.21.18	5th Floor	2:30 AM	2:47 AM	2:51 AM	Satisfied / needs met.
3.21.18	2nd Floor	10:15 AM	10:21 AM	10:23 AM	Ⓟ needs met.

QAPI/POC 2018

* to be completed
taught

Attachment #9

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

Type of Meeting: Inservice Department _____ Committee _____ Other: _____

Presented By: Virginia Dix Credentials _____ Date: 3-19-18 Time: 10:50am

Method of Presentation: Lecture Demonstration _____ Film _____ Handout _____

Subject(s) Covered:

Weekly Fan Cleaning and Monthly Fan Cleaning Schedules. Proper way to clean fans.

Participant's Reaction: All housekeeping and floor techs stated they understand procedure for cleaning fans.

Summary and Conclusion:

Attendance Record

YOU MUST PRINT YOUR FIRST AND LAST NAME FOR CREDIT OF INSERVICE!

PRINTED First and Last Name	SIGNED First and Last Name	Title	Shift
Georgia Slater	<i>Georgia Slater</i>	HKP	1st
Shelley Gardner	<i>Shelley Gardner</i>	HKP	1st
Rick Flennor	<i>Rick Flennor</i>	Floor Tech	1st
Henry Hill	<i>Henry Hill</i>	HSK	1st
Victoria Rogers	<i>Victoria Rogers</i>	HSK	1st
Andronette Reed	<i>Andronette Reed</i>	HSK	1st
John Robertson	<i>John Robertson</i>	HSK	1st
Brittany Harris	<i>Brittany Harris</i>	HSK	1st
Marcus Kilday	<i>Marcus Kilday</i>	HSK	1st
Marlene Toney	<i>Marlene Toney</i>	HSK	1st
Sharon Earles	<i>Sharon Earles</i>	HSK p	1st

Attachment #8

Fan Cleaning Schedule

Date	Rooms	Fan - Yes/No?	Cleaned
3/19/2018	1A		
	1B		
	2A		
	2B		
	3A		
	3B		
	4A		
	4B		
	5A		
	5B		
	6A		
	6B		
	7A		
	7B		
3/20/2018	8A		
	8B		
	9A		
	9B		
	10A		
	10B		
	11A		
	11B		
	12A		
	12B		
	13A		
	13B		
	14A		
	14B		
3/21/2018	15A		
	15B		

Date	Rooms	Fan - Yes/No?	Cleaned
	16A		
	16B		
	17A		
	17B		
	18		
	19A		
	19B		
3/22/2018	20		
	21A		
	21B		
	22		
	23A		
	23B		
	24		
	25A		
	25B		
	26A		
	26B		
3/23/2018	27A		
	27B		
	28A		
	28B		
	29A		
	29B		
	30A		
	30B		
	31A		
	31B		
	32A		
	32B		

Attachment #9

WEEKLY FAN CLEANING

All floors will do weekly fan cleaning until all fans have been cleaned and meet requirements for cleaning. Any new fans that are brought into the facility with New Admissions will be cleaned upon admission. All staff will be In-serviced on proper cleaning of fans. Any fans that need to be taken apart will be taken to maintenance and then clean with the air tank. All fans will then be placed on a monthly Fan Cleaning Schedule.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/14/2018
NAME OF PROVIDER OR SUPPLIER TREVECCA CENTER FOR REHABILITATION AND HEALING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 329 MURFREESBORO RD NASHVILLE, TN 37210		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments An emergency preparedness survey was completed 3/12/18 to 3/14/18 at Trevecca Center for Rehabilitation and Healing, LLC. No deficiencies were cited under FED-E-1.00.	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.